

Preventative Maintenance Checklist

ISL, Group Homes & Foster Homes

In order to meet safety core requirements, the agency must have a system in place “which are performed on a regular basis to ensure that preventative maintenance of vehicles, equipment, and buildings.” This form is one example.

It is recommended to be completed monthly.

Month: _____

Grab bars (Vehicles, bathrooms, bedrooms, etc.)	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair	Emergency equipment is easily accessible	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair
Non-slip surfaces	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair	Fire extinguisher checked and dated on tag	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair
Hoyer Lifts	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair	Combustible supplies and/or equipment are safely stored	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair
Smoke detectors	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair	Appliances that cook and clean are in good working order.	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair
Adaptations for fire detection are working.	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair	Adaptive medical equipment is in working order – including hearing aides (battery check)	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair
Adaptive phone equipment	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair	Vehicle lifts	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair
Ramps, handrail, outside walkways, patios, porches, outside stairs	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair	First Aid Kit, Jumper cables, fire extinguisher & flashlight in each vehicle and <i>easily</i> accessible	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair
First Aide kit replenished	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair	Vehicle inspection/insurance is current	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair
Wheelchairs, walkers, adaptive eating utensils	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair	Seatbelts	<input type="checkbox"/> Good condition <input type="checkbox"/> Need repair _____ _____ Date of repair

Person completing checklist: _____

Date: _____